



## Consent for Contact

Occasionally it will be necessary for our office to contact you. This permission form will help us know when and how to best contact you if necessary.

By giving us permission to contact you in one or more of the ways listed below, you are agreeing for us to leave messages and information. We will always try to be discreet in any messages we leave, but we cannot guarantee confidentiality once the message is left.

Which is your **preferred contact phone number**?

- Home** – Tel No. \_\_\_\_\_  
Best time to call: \_\_\_\_\_ AM \_\_\_\_\_ PM
- Work** – Tel No. \_\_\_\_\_  
Best time to call: \_\_\_\_\_ AM \_\_\_\_\_ PM
- Cell** – Tel No. \_\_\_\_\_  
Best time to call: \_\_\_\_\_ AM \_\_\_\_\_ PM

### **Courtesy Appointment Reminders**

Would you like us to also send reminders of your appointment via email, text messaging or both?

Email - Yes \_\_\_\_\_ No \_\_\_\_\_

Email address \_\_\_\_\_

Text Messaging - Yes \_\_\_\_\_ No \_\_\_\_\_

Cell Phone Carrier \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Note: If you need to make/change/cancel an appointment please call 48 hours prior to your appointment, or have a patient account question, please call our office at (410) 682-3800.**

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_

Patient or Parent Signature: \_\_\_\_\_